Form **8871**

Political Organization Notice of Section 527 Status

OMB No. 1545-1693 (July 2000) Department of the Treasury Internal Revenue Service Part I General Information Name of organization Employer Identification number APPLIED FOR BOB DAVIS FOR ST LUCIE COUNTY TAX COLLECTOR 2 Mailing address (P.O. Box or number, street, and room or suite number) P O BOX 12804 City or town, state, and ZIP code FT PIERCE, FL 34979 3 E-mail address of organization 4a Name of custodian of records 4b Custodian's address 1905 S 25TH ST, STE 202 J W GAINES, TREASURER FT PIERCE, FL 34947 5b Contact person's address 5a Name of contact person SAME AS ABOVE J W GAINES, TREASURER Business address of organization (if different from mailing address shown above). Number, street, and room or sulte number City or town, state, and ZIP code Purpose Part II Describe the purpose of the organization POLITICAL CAMPAIGN FOR ST LUCIE COUNTY, FL TAX COLLECTOR List of All Related Entities (see instructions) Part III 8b Relationship 8c Address 8a Name of related entity NONE RECEIVED AUG 0 2 2000

	ficers, Directors, and Highly	Compensated Employees (see instructions)
9a Name	9b Title	9c Address
BOB DAVIS	GANDIDATE	P O BOX 12804
		FT PIERCE, FL 34979
J W GAINES	TREASURER	1905 S 25TH ST, STE 202
		FT PIERCE, FL 34947
,		
-		.,,
	MARK V	
		Lister Control of the
		,
Under penalties of Revenue Code, an It is true, correct,	d that I have examined this notice, includi	amed in Part I is to be treated as an organization described in section 527 of the internal ing accompanying schedules and statements, and to the best of my knowledge and belief,
it is true, correct,		
Sign Signature of	authorized official	Date

Signature of authorized official

7